# Center for Health Information Technology & Innovative Care Delivery

## *Announcement for Grant Applications*

**Grant ID Number:**  MHCC 16-010

**Issue Date:**  **August 20, 2015**

**Title:**  **Telehealth Technology Pilot – Round Three**

## I.  BACKGROUND

The Maryland Health Care Commission (MHCC) intends to competitively award up to three grants of approximately $30,000 each to demonstrate the impact of using telehealth technology[1] to improve the overall health of the population being served and the patient experience, which goes beyond adopting the technology, and provide the best care possible while lowering costs of care.[2]  In October 2014, the Telemedicine Task Force (Task Force), convened by MHCC and the Maryland Health Quality and Cost Council, submitted a report to the Governor and General Assembly with recommendations to expand the use of telehealth to improve health status and care delivery throughout the State.[3]  The Task Force was comprised of public and private stakeholders and consisted of three advisory groups that addressed clinical issues, financial and business models, and technology solutions for telehealth.

The Task Force's report identified 10 use cases as potential pilot projects that could be implemented in Maryland.[4]  The use cases cover a broad spectrum of care; MHCC believes that the experience gained from implementing pilot projects of these use cases and others will inform the design of large telehealth programs in the State.  In October 2014, MHCC awarded three 12-month telehealth grants to study the impact of telehealth on improving coordination of care between general acute care hospitals and comprehensive care facilities.  In May 2015, MHCC awarded three additional 12-month telehealth grants to demonstrate the impact of using telehealth on care delivery in school-based health clinics, residential care, and hospitals.

Below is a partial list of the preferred use cases recommended by the task force and eligible for funding under this *Announcement for Grant Applications*.  Applicants are encouraged to select from

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[1] Telehealth is the delivery of health education and services using telecommunications and related technologies in coordination with a health care practitioner.  Telehealth includes the following technologies:  real-time audio video conferencing; store-and-forward; remote monitoring; and mobile health.

[2] MHCC grant authority included in Md. Code Ann., Health-Gen. §19-109 (2014).

[3] Senate Bill 776, *Telemedicine Task Force – Maryland Health Care Commission*, (Chapter 319, 2013 Regular Session).  Available at:  mgaleg.maryland.gov/2013RS/chapters_noln/Ch_319_sb0776E.pdf.

[4] A complete list of use cases is included in the Task Force final report: mhcc.maryland.gov/mhcc/pages/home/workgroups/documents/tlmd/tlmd_ttf_rpt_102014.pdf.

the following list of preferred use cases when submitting an application, but may propose an alternative use case that meets the requirements under section II below:

1. Incorporate telehealth in hospital innovative care delivery models through ambulatory practice shared savings programs;

2. Use telehealth in hospital emergency departments and during transport of critically ill patients to aid in preparation for receipt of patient;

3. Incorporate telehealth in public health screening and monitoring with the exchange of electronic health information; and

4. Use telehealth for remote mentoring, monitoring and proctoring of health care practitioners through telehealth or the expansion, dispersion and maintenance of skills, supervision, and education

Applicants that propose an alternative use case may not propose a use case that has previously been funded by MHCC, as detailed below:

1. Use telehealth technology and assess its impact on hospital emergency room visits, admissions, and readmissions from a CCF to a general acute care hospital.

2. Use telehealth to manage hospital Prevention Quality Indicators; and[5]

3. Deploy telehealth in schools for applications including asthma management, diabetes, childhood obesity, behavioral health, and smoking cessation.

## II. REQUIREMENTS

An applicant must identify the prime recipient of the grant award and the participating organizations that, combined, form the applicant. The application must specify the use case to be implemented, how the meaningful use of electronic health records support the use case, and how the applicant intends to integrate with the State-Designated health information exchange, the Chesapeake Regional Information System for our Patients (CRISP).[6] Applicants are also required to describe how the use of telehealth will transform care delivery. The awardee will be required to submit a report to MHCC at the conclusion of the grant that assesses the findings from the pilot and describes the impact of using telehealth on the use case. The report should document the lessons learned and detail the sustainability model for the telehealth program after the pilot period.[7] The MHCC will provide grantees with a guidance document on the report structure.

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[5] Hospital prevention quality indicators are a set of measures used nationally to assess quality and access to care in communities. For more information, visit: qualityindicators.ahrq.gov/modules/pqi_resources.aspx.
[6] CRISP enables clinical data to be available to appropriately authorized and authenticated health care providers anywhere in the State of Maryland. For more information on CRISP, refer to their website: crisphealth.org/.
[7] Report length is approximately 10 pages, which does not include appendices.

**A. TASKS**

To be considered for a grant award, an applicant is required to:

1. Propose a telehealth technology use case that meets the following requirements:
    a. Enables the early provision of appropriate treatment;
    b. Reduces hospital emergency department visits, admissions, and readmissions;
    c. Improves access to care;
    d. Provides direct and indirect cost savings to patients and providers;
    e. Maximizes the use of telehealth, CRISP (and any other HIEs), and electronic health records (EHRs); and
    f. Results in practice transformation and/or enhanced care coordination.

2. Propose a use case that is not currently funded or if currently funded demonstrate how additional funds under this grant would allow the recipient to enhance the current telehealth use case.

3. Secure a 2:1 financial match with a maximum of 10 percent of the match being in-kind technical professional hours provided by information technology staff or consultants. Clinical care hours attributed to work on the pilot are excluded from contribution to the match.

4. Go-live with telehealth technology implemented and clinical protocols developed for the selected use case within 30 days of award date, which includes enrolled participants/patients if applicable.

5. Use services of CRISP, including the encounter notification service and query portal.

6. Integrate telehealth system or related technology system with CRISP; e.g., EHR interface, tele-monitoring data submission or feed, etc.

7. Using the following table as an example, identify at least three clinical goals of the pilot that can be evaluated pre-and post-implementation of telehealth technology. The quality measures for each goal should be clear and verifiable, and tied to a project objective, with monthly milestones. The goals must:
    a. Include measure(s), key definitions for all terms of each measure, and a baseline definition (see table below for format); and
    b. Include a numerator and denominator, and identify how the numerator and denominator will be calculated.

| Clincial Goals [Example: *Reduce hospital emergency room visits, admissions, and readmissions*] | | |
|---|---|---|
| **Measure** *EXAMPLE* | **Key Definitions** *EXAMPLE* | **Mechanism to Measure** *EXAMPLE* |
| Percent change in [specific measure] *Suggested Denominator*: Total number of patients [that meet the use case participation requirements] within [defined timeframe] *Suggested Numerator*: Number of patients [that received the intervention] *Percent Change*: A month performance period minus a month base line performance period from the previous year | **Hospitalization:** Hospital emergency department visits, admissions, and readmissions **Hospital Readmissions:** *ED visits, admissions, and readmissions*: 1: [Qualifiers] in the current month for the same or related condition to any acute care hospital *Baseline***:** 1. [Qualifiers] in the same month in the prior year.  The prior month refers to the same month in the prior year to the start of the pilot | **Denominator**: How the pilot participants plan to calculate the denominator (e.g., calculated on a daily basis through the EHR, then totaled for each quarter) **Numerator**: How the pilot participants plan to calculate the numerator (e.g., calculated on a daily basis through the EHR, then totaled for each quarter) |

Key tasks following an award:

1. Participate in a kick-off meeting with MHCC staff.

2. Submit a detailed project plan in a manner and format determined by MHCC.

3. Submit a final assessment report at the conclusion of the grant that includes:

   a. Description of the technology infrastructure used in the pilot, including EHRs, HIE, and telehealth equipment;

   b. Lessons learned, including impact on the target population;

   c. Pilot implementation challenges, both expected and unexpected, how these challenges were addressed, and whether or not they were mitigated;

   d. Cost effectiveness of the implemented use case;

   e. Results of the assessment;

   f. Sustainability model;

   g. The progress made in achieving clinical goals and other metric(s) that may have been collected as part of the assessment; and

   h. Recommendations for replication of the pilot.

4. Throughout the duration of the grant award:

   a. Participate in bi-weekly update conference calls with MHCC staff;

   b. Host at least one site-visit, where MHCC staff will visit the facilities involved in the pilot project;

c. Participate in at least one educational event, meeting, or webinar to showcase and/or demonstrate the work of the pilot project;

d. Submit monthly reimbursement requests along with supporting documentation; and

e. Submit bi-weekly updates on the progress of making use of telehealth technology, monthly milestones, and achieving the clinical goals in a format specified by MHCC, which will serve as an audit trail for both the grant award and matching funds.

## B. REQUIRED QUALIFICATIONS

The applicant must have experience in telehealth, EHRs, and HIE deployment. The applicant must include a letter of support from each participant organization that summarizes activities planned for the pilot for each of the grant participants and commitment to complete the work within the pilot project plan timeline.

## C. GRANT TASKS & DUE DATES

| Grant Tasks | Due Date |
|---|---|
| Submit draft project plan and clinical quality measures report | 10/26/15 |
| Kick-off meeting – to discuss draft project plan | 10/28/15 |
| Submit final project plan and clinical quality measures report | 11/4/15 |
| Use case pilot | |
| Begin implementing the pilot (i.e., go-live with telehealth technology and clinical protocols) | 10/30/15 |
| Conclude implementation of the pilot | 10/31/16 |
| Final Report – Sections due to MHCC | |
| *Outline* | |
| Draft | 8/1/16 |
| Final | 8/8/16 |
| *Description of the technology infrastructure used including all EHRs, HIE, and telehealth equipment* | |
| Draft | 8/15/16 |
| Final | 8/29/16 |
| *Lessons learned, and pilot implementation challenges* | |
| Draft | 8/19/16 |
| Final | 8/26/16 |
| *Cost effectiveness and sustainability prospects* | |
| Draft | 8/26/16 |
| Final | 9/2/16 |
| *Results of the Final Report and recommendations for replication* | |
| Draft | 9/29/16 |
| Final | 10/17/16 |
| *Compiled report final draft* | 10/31/16 |

*Note: Grant tasks/due dates are tentative and subject to change at the discretion of MHCC, after discussion with the awardee, and are not listed within the table in any particular order.*

### D. STAFFING AND PERSONNEL REQUIREMENTS

An applicant may propose to augment or revise the following list of required personnel.

| Labor Categories | Description |
|---|---|
| Project Director | A senior level individual that will coordinate all aspects of the work and take responsibility for meeting the schedule of tasks. |
| Technical Manager | A management level individual with experience in managing technology deployment that can ensure staff training and utilization of the technology among all participants. |
| Clinical Consultant | A licensed health care practitioner that will work on the pilot, using the telehealth technology, and provide consultation to the Technical Manager to increase the effectiveness of the use of telehealth technology and redesign clinical processes. |

### E. TERM OF GRANT

The grant begins on or about **October 26, 2015** and will end **October 31, 2016**. Awardee submission of reimbursement requests is required by the 15th of the month for the prior month and must include a description of the completed tasks in accordance with the Task Schedule in Section II, as well as supporting documentation for requested funds and match contribution. The supporting documentation must be of a quality that will withstand an audit. The match contribution within each reimbursement request must reflect a 2:1 match for that time period. The MHCC will not reimburse in one lump sum all equipment costs; reimbursement requests for equipment costs must be equally distributed throughout the timeframe of the grant. All tasks and work performed, and all reimbursement request documentation included must be to the satisfaction of MHCC for reimbursement approval. Reimbursement requests for any outstanding award funds must be submitted no later than October 31, 2016 or the end date of an authorized extension of the grant.

If it becomes necessary to revise this announcement for grant applications before the due date for applications, amendments will be announced on MHCC's website. Multiple and/or alternate applications will not be accepted. The MHCC will not be responsible for any costs incurred by an applicant in preparing and submitting an application or in performing any other activities relative to this grant notification. The MHCC reserves the right to cancel this announcement for grant applications, accept or reject any and all applications (in whole or in part) received in response to this announcement for grant applications, to waive or permit cure of minor irregularities, and to conduct discussions with all qualified or potentially qualified grant applicants in any manner necessary to serve the best interests of MHCC and accomplish the goals of this grant announcement.

Prior to an entity conducting business in the State, it must be registered with the Department of Assessments and Taxation, State Office Building, Room 803, 301 West Preston Street, Baltimore, Maryland 21201. It is strongly recommended that any potential applicant complete registration prior to the due date for receipt of applications.

**F. HOW TO APPLY**

An applicant submitting a grant application must follow the requirements detailed below. Grant applications are due to MHCC by 5:00 p.m. Eastern Daylight Time on ==Friday, September 25, 2015==. Applications must be submitted via email to christine.karayinopulos.@maryland.gov.

All questions regarding this announcement for grant applications should be submitted via email to angela.evatt@maryland.gov; all questions and responses will be posted on MHCC's website.

**G. REQUIREMENTS FOR APPLICATION**

An application must be prepared in a clear and precise manner and address all requested items, as described below, in 15 or fewer pages. Original and creative approaches to using telehealth are encouraged. The application MUST contain the following sections:

1. *Cover page*: A completed template cover page in Attachment A to this grant announcement.

2. *Scope of work*:

   a. <u>Executive Summary</u>. A half-page overview of the purpose of your organization's application, summarizing the key points.

   b. <u>Statement of the Problem</u>. Clearly state the problem that needs to be solved and the objective of the proposed telehealth initiative; please limit to one page.

   c. <u>Scope of work and strategy</u>. This section should describe the proposed telehealth project. Address the requirements for each task and describe how the proposed services, including the services of any proposed sub-awardee(s), will meet or exceed the requirement(s). Include a concise and detailed description of the scope, breadth, and plans/approach for completing each task described in Requirements (Section IIA, above), *including how the applicant plans to complete the tasks to the highest level of quality and in a timely manner*.

   The application should be structured using the sections detailed below, where relevant, technical architecture and clinical workflow diagrams should be used to depict the proposed telehealth pilot. Information submitted in the Appendices should be specific to support the application, and not simply technical brochures. Material in the appendices is not included in the total page count. The MHCC may request additional material, if needed for clarification, during evaluation of grant applications.

       i. Project Description

           a) What will the pilot do? What is the overarching purpose of the pilot? What are the key programmatic components of the project? Quite literally, who will do what for whom, with whom, where, and when?

b) What will be the benefits and measurements of success?  If the pilot is successful, what visible, tangible, objectively verifiable results will you be able to report at the end of the pilot?  What longer-term benefits do you expect for the target population and the broader community?  What is the envisioned benefit of implementing telehealth technology?

c) Clearly specify if the funds will be used to support initial technology investment(s) or expansion of existing telehealth programs.

d) Demonstrate its ability to be able to go-live with proposed telehealth technology and clinical protocols of selected use case within 30 days of award date.

e) How will the pilot be sustained after grant support ends?  Will the pilot require ongoing outside support after the proposed grant ends?

f) Describe the telehealth use case to be deployed.  Who are the participants?  Describe the current conditions that the telehealth use case is expected to address.  Explain the current relationship between the participants and the expected impact of the telehealth pilot.

ii. Work Plan

a) What is the timeline for accomplishing specified tasks?  Prepare a Gantt chart or other timeline listing project tasks, the time period over which these tasks will be undertaken, and monthly milestones.  The work plan chart may be attached as an appendix item to the application.

b) The specific methodology and techniques to be used in executing the tasks should be included in this section.

d. *Applicant qualifications*:  Describe the qualifications of the organization(s) that will be participating in the tasks under the grant, including each organization's experience in performing similar work and, if applicable, work performed specifically related to assessing, developing, and managing telehealth.  The applicant must demonstrate how it meets the Qualifications Requirements (Section IIB, above); please limit to one page.

e. *Experience and qualifications of the proposed staff*:  Describe the experience and qualifications of the proposed staff in performing similar work and, if applicable, work performed specifically related to telehealth.  The grant applicant must demonstrate how its proposed staffing model meets the staffing requirements and required personnel described under Qualifications Requirements (Section IID, above), and, if applicable, as augmented by the applicant.  Other essential staff, their roles in the pilot, and their relevant qualifications should be identified; please limit to one page.

3. *Additional documentation*:  An applicant must include, as an appendix (appendices are not included in the Scope of Work page count) to the application, an individual resume or detailed biography for each of the personnel who will be assigned if the applicant is awarded the grant.  Sub-awardees, if any, must be identified, and a detailed description of their contributing role(s) relative to the requirements must also be included in the application.  Each resume or biography must include the amount of experience the individual has completed of the type of work and tasks detailed in this grant announcement.

4. *Financial proposal*:  The financial proposal must include the costs of equipment proposed under the grant and the fully-loaded hourly rate for the work to be performed.  Include an estimate of the total number of hours required to complete each task.  Submit a budget for both award funds and matching funds using Attachment B.  The financial proposal attachment is not included in the Scope of Work page count.

5. *Letters of commitment*:  Letters of intended commitment to work on the project from personnel from each organization must also be included as an appendix (appendices are not included in the Scope of Work page count) to the application.  The letters of commitment should contain a brief description (approximately one paragraph) of the work to be performed for the pilot by that organization.

6. *Disclosure*:  An applicant must disclose any substandard quality of care level deficiencies, CMS admissions ban, and note any outstanding health and safety violations.

## H.  CONDITIONS OF AN AWARD

In the event that MHCC determines that an awardee is not complying with the grant requirements as contained in this application, MHCC may take one or more enforcement actions.  These range from actions designed to allow the awardee to take corrective action, such as withholding payment or temporarily suspending an award, to disallowing costs, recouping payments made, or terminating an award.  Different processes apply depending on the type of enforcement action.  If an enforcement action is planned, MHCC will notify the awardee and indicate the effect of the action.  Additionally, MHCC may authorize a no-cost extension of the grant period in the event that more time is needed to demonstrate pilot objects.  *Applicants are required to acknowledge in their grant application the conditions of an award.*

**MINORITY BUSINESS ENTERPRISES AND SMALL BUSINESSES
ARE ENCOURAGED TO RESPOND TO THIS GRANT ANNOUNCEMENT**

## *Attachment A:  Application Cover Page*

**Applicant Organization**

Name: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____ County: _____

Federal Tax ID Number: _____

**Official Authorized to Execute Contracts**

Name: _____ Title: _____

Email: _____ Phone: _____

Signature: _____ Date: _____

**Project Director (or alternative staffing model)**

Name: _____ Title: _____

Email: _____ Phone: _____

Signature: _____ Date: _____

**Technical Manager (or alternative staffing model)**

Name: _____ Title: _____

Email: _____ Phone: _____

Signature: _____ Date: _____

**Clinical Consultant (or alternative staffing model)**

**Name: _____ Title: _____**

**Email: _____ Phone: _____**

**Signature: _____ Date: _____**

**Grant Request**

Project Title: _____

Amount Requested:  $_____ Match Contribution:  $_____

## *Attachment B:  Financial Proposal*

Organization Name: _____

Project Name: _____

| Revenues | Dollar Amount | Percent of Total Project Cost |
|---|---|---|
| MHCC Grant Request | | |
| Organization Match | | |
| Other Grant/Funding Request | | |
| **Total Project Cost** | | |

| Budget Request | Dollar Amount | Unit Cost | Identify Match or Grant Funds |
|---|---|---|---|
| **Staff** | | | |
| % FTE, Name, Title | | | |
| % FTE, Name, Title | | | |
| % FTE, Name, Title | | | |
| **Item** *(specify)* | | | |
| **Item** *(specify)* | | | |
| **Item** *(specify)* | | | |
| **Item** *(specify)* | | | |
| **Item** *(specify)* | | | |
| **Item** *(specify)* | | | |
| *\* Insert additional rows as needed* | | | |
| **Total** | | | |